



GREATER SOUTHEAST COMMUNITY HOSPITAL

1310 Southern Avenue, S.E.
Washington, D.C. 20032
(202) 574-6000

RECEIVED
REGION 1

'05 JAN 14 P2:11

January 10, 2005

U.S. Nuclear Regulatory Commission
Region I
Licensing Assistance Team
475 Allendale Road
King of Prussia, PA 19408

RE: Radioactive Materials License Renewal
License No. 08-11182-01
Docket No. 030-01334
Greater Southeast Community Hospital

Dear License Reviewers:

The following action to the above mentioned radioactive materials licensed is requested.

- The addition of Jonathan S. Hunn, M.D. and Charles E. Hunter, M.D. as authorized users. Copies of their certification by the American Board of Radiology are enclosed.
- The deletion of Hee H. Lee, M.D., Bernard Ralls, M.D., John V. Golding, M.D. and Jung H. Lee, M.D. as authorized users on the facility's radioactive materials license.

If there are any questions regarding this matter or if additional information is needed regarding the above matters, please contact Mr. Steve Henry (Consultant, Krueger-Gilbert Health Physics, Inc.) at (410) 665-5447.

Sincerely,

Thelma Blalock
Administrative Director of Ancillary Services

Enclosures: Certifications

SH/st

136297
NMCG/RGNI MATERIALS-002

The American Board of Radiology

*Organized through the cooperation of the
American College of Radiology, the American Roentgen Ray Society,
the American Radium Society, the Radiological Society of North America,
the Section on Radiology of the American Medical Association,
the American Society for Therapeutic Radiology and Oncology, the Association of
University Radiologists, and American Association of Physicists in Medicine*

Hereby certifies that

Jonathan Scott Hunn, MD

*Has pursued an accepted course of graduate study
and clinical work, has met certain standards and qualifications and
has passed the examinations conducted under the authority of*

The American Board of Radiology

On this thirteenth day of June, 2001

*Thereby demonstrating to the satisfaction of the Board
that he is qualified to practice the specialty of*

Diagnostic Radiology



Certificate No. 44624

R.R. *[Signature]*
President

Sam A. Specht, M.D.
Secretary

M. [Signature], M.D.
Executive Director



12/30/2004 10:19
Dec 19 04 04:38p

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JONATHAN HUNN

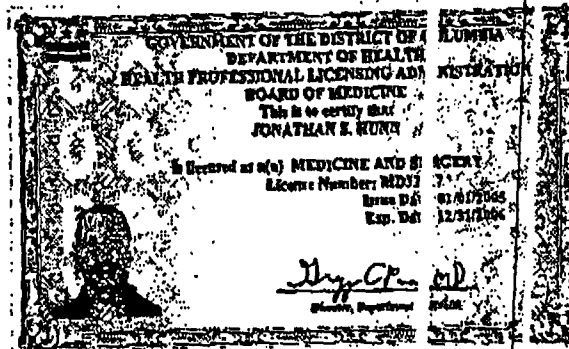
GSCH; /RADIOLOGY

(410)7966583

PAGE 32
p. 2

Congratulations!

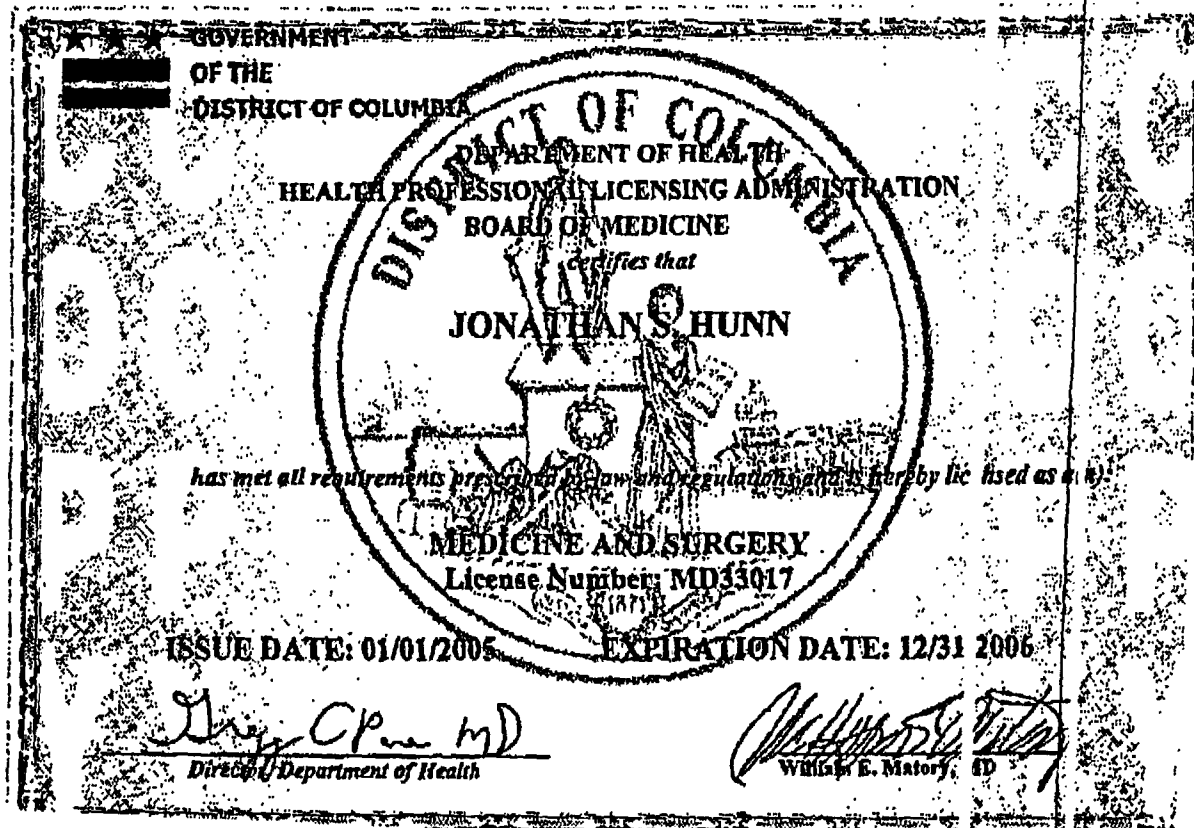
Here is your wall license and pocket identification card. If this is your initial license, your wall certificate will arrive under separate cover. If this is your renewal license, this is the only document you will receive. You must display the wall license below with your original wall certificate to show that your status is current.



In order to be sure that your next renewal notice is sent to you correctly, please notify the District of Columbia Department of Health of your name or address changes by writing to

Government of the District of Columbia
Department of Health
825 North Capitol Street, NE, 2nd Floor
Washington, DC 20002

↓ PLEASE CAREFULLY DETACH AT PERFORATION ↓



The American Board of Radiology

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American College of Radiology, the American Roentgen Ray Society,
the American Radium Society, the Radiological Society of North America,
the Section on Radiology of the American Medical Association
and the American Society of Therapeutic Radiologists
Hereby certifies that*

Charles Erwin Hunter, M.D.

*Has pursued an accepted course of graduate study
and clinical work, has met certain standards and qualifications and
has passed the examinations conducted under the authority of
The American Board of Radiology*

On this sixth day of June, 1986

*Thereby demonstrating to the satisfaction of the Board
that he is qualified to practice the specialty of*

Diagnostic Radiology



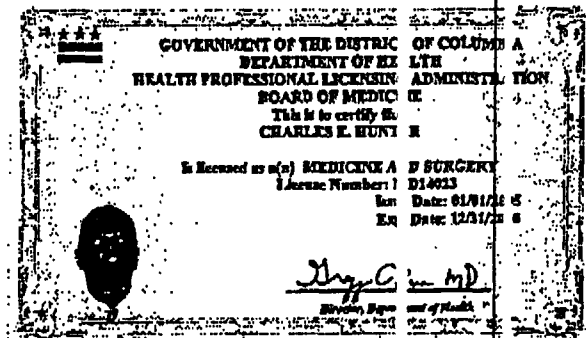
Arthur W. Brady, M.D.
President

James H. L. Jacobsen, M.D.
Secretary



Congratulations!

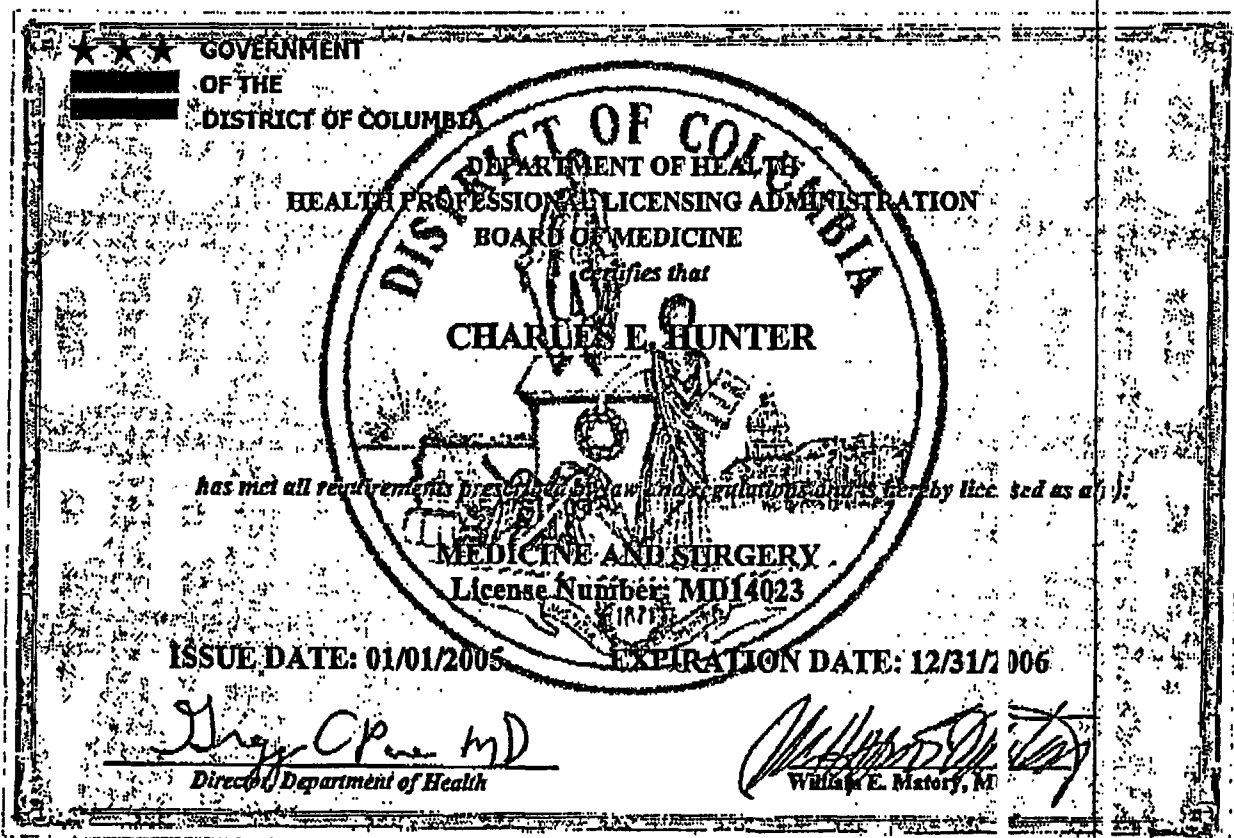
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This is to acknowledge the receipt of your letter/application dated

1/10/2005, and to inform you that the initial processing which includes an administrative review has been performed.

AMEND. 02-11182-01

☒ There were no administrative omissions. Your application was assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

☐ Please provide to this office within 30 days of your receipt of this card

A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned Mail Control Number 136287.
When calling to inquire about this action, please refer to this control number.
You may call us on (610) 337-5398, or 337-5260.

BETWEEN: : (FOR LFMS USE)
 : INFORMATION FROM LTS
 : -----
 :
 License Fee Management Branch, ARM : Program Code: 02120
 and : Status Code: 0
 Regional Licensing Sections : Fee Category: 7C
 : Exp. Date: 20140531
 : Fee Comments: CODE 23
 : Decom Fin Assur Req'd: N
 : ::

LICENSE FEE TRANSMITTAL

A. REGION I

1. APPLICATION ATTACHED
Applicant/Licensee: GREATER SOUTHEAST COMMUNITY HOSP.
Received Date: 20050114
Docket No: 3001334
Control No.: 136297
License No.: 08-11182-01
Action Type: Amendment

2. FEE ATTACHED
Amount: /
Check No.: /

3. COMMENTS

Signed M. A. Perkins
Date 1/16/2005

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /__/)

1. Fee Category and Amount: _____
2. Correct Fee Paid. Application may be processed for:
Amendment _____
Renewal _____
License _____
3. OTHER _____

Signed _____
Date _____